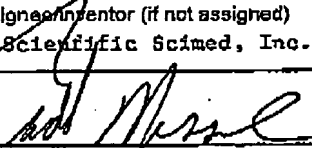


MAY 30 2007

PTO/SB/53 (04-04)

Approved for Use through 04/30/2007. OMB 0551-0033
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REISSUE APPLICATION; CONSENT OF ASSIGNEE; STATEMENT OF NON-ASSIGNMENT		Docket Number (Optional) 563.2-10389-US01
This is part of the application for a reissue patent based on the original patent identified below.		
Name of Patentee(s) Dinh et al.		
Patent Number 6,019,789	Date Patent Issued 02-01-2000	
Title of Invention Expandable Unit Cell and Intraluminal Stent		
<p>1. <input checked="" type="checkbox"/> Filled herein is a statement under 37 CFR 3.73(b). (Form PTO/SB/56)</p> <p>2. <input type="checkbox"/> Ownership of the patent is in the inventor(s), and no assignment of the patent is in effect.</p> <p>One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee".</p> <p>The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue.</p>		
The assignee(s) owning an undivided interest in said original patent is/are <u>Boston Scientific Scimed, Inc.</u> and the assignee(s) consents to the accompanying application for reissue.		
Name of assignee/inventor (if not assigned) Boston Scientific Scimed, Inc.		
Signature 	Date 2/22/07	
Typed or printed name and title of person signing for assignee (if assigned) Todd Messa/ Assistant Secretary		

This collection of information is required by 37 CFR 1.172. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

MAY 30 2007

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	Linh A. Dinh, Loc X. Phan, Robert Eury, Irina Pomerantseva and Michael Froix
Application No.:	10/061458
Filed:	February 1, 2002
For:	EXPANDABLE UNIT CELL AND INTRALUMINAL STENT (Reissue of U.S. 6,019,789)
Group Art Unit:	3738

Mail Stop _____
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Docket No.: S63.2L-10389-US01

ASSIGNEE'S STATEMENT OF OWNERSHIP 37 CFR 3.73(B)

Boston Scientific Scimed, Inc., a corporation, is the assignee of the entire right, title and interest in the patent application identified above by virtue of a chain of title from the inventors of the patent application identified above, to the current assignee as shown below:

1. From Linh A. Dinh, Robert Eury, Irina Pomerantseva and Michael Froix to Quanam Medical Corporation. The document was recorded in the Patent and Trademark Office at Reel 009593, Frame 0694.
2. From Loc X. Phan to Quanam Medical Corporation. The document was recorded in the Patent and Trademark Office at Reel 010031, Frame 0474.
3. From Quanam Medical Corporation to Boston Scientific Scimed, Inc. The document was recorded in the Patent and Trademark Office at Reel 018463, Frame 0392.

The undersigned is empowered to sign this statement of ownership certificate on behalf of the assignee.

Respectfully submitted,
VIDAS, ARRETT & STEINKRAUS

Date: May 30, 2007

By: 
Jeremy G. Laabs
Registration No.: 53170

6109 Blue Circle Drive, Suite 2000
Minnetonka, MN 55343-9185
Telephone: (952) 563-3000
Facsimile: (952) 563-3001
f:\wpwork\jgl\10389us01_sta_20070206.doc

05/30/07 16:52 FAX 952 563 3009

MAY 30 2007

018

REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)
S63.2-10389-US01

I hereby declare that:

Each inventor's residence, mailing address and citizenship are stated below next to their name.
I believe the inventors named below to be the original and first inventor(s) of the subject matter which is described and claimed in patent number 6,019,789, granted February 1, 2000 and for which a reissue patent is sought on the invention entitled Expandable Unit Cell and Intraluminal Stent

the specification of which

☐ is attached hereto.

☒ was filed on February 1, 2002 as reissue application number 10/061,456, and was amended on February 1, 2002, April 22, 2005 and November 21, 2005.

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

☐ I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/02B (or equivalent) listing the foreign applications.

I verily believe the original patent to be at least partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☒ by reason of a defective specification.

MAR 15 2007

☒ by reason of the patentee claiming less than he had the right to claim in the patent.

☐ by reason of other errors.

At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:

The patent specification, for example at column 2, lines 29-32, and claims, for example at column 10, lines 14-18, include at least one error in describing the expansion characteristics of a unit cell, which are correctly illustrated in Figures 3A & 3B. For example, the specification and claim 1 erroneously recite a looped member extremity moving "axially inwardly," which is believed to render the patent at least partially inoperative or invalid.

Broadening claims are directed to stent structure, and do not include functional limitations as recited in the patent claims. The broadening claims cover subject matter not covered by the patent claims. For example, the patent claim 1 recites limitations such as a "looped member having an axial extremity which moves axially inwardly," which are not included in the broadening claims.

All errors which are being corrected in the reissue application up to the time of filing of this declaration arose without any deceptive intention on the part of the applicant.

[Page 1 of 2]

REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2		Docket Number (Optional) S63.2-10389-US01	
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.			
Note: To appoint a power of attorney, use form PTO/SB/81.			
Correspondence Address: Direct all communications about the application to:			
The address associated with Customer Number:		00490	
OR			
Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Email		
WARNING:			
<p>Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identity theft. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available.</p> <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.</p>			
Full name of sole or first inventor (given name, family name) Linh A. Dinh			
Inventor's signature		Date	
Residence		Citizenship U.S.	
Mailing Address 2233 Augusta Place, Santa Clara, CA 95051			
Full name of second joint inventor (given name, family name) Loc X. Phan			
Inventor's signature		Date	
Residence		Citizenship U.S.	
Mailing Address 1197 Fargate Circle, San Jose, CA 95131			
<input checked="" type="checkbox"/> Additional joint inventors or legal representative(s) are named on separately numbered sheets forms PTO/SB/02A or 02LR attached hereto.			

[Page 2 of 2]

PTO/SB/02A (07-06)

Approved for use through 01/31/2007. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet	
		Page _____ of _____	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Robert		Eury	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
10378B Lockwood Drive			
Mailing Address			
Cupertino	CA	95014	U.S.
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Irina		Pomerantseva	
Inventor's Signature		Date	
Wakefield		3-11-07	
Residence: City	State	Country	Citizenship
Wakefield	MA	US	US
8 Pheasantwood Terrace			
Mailing Address			
Wakefield	MA	01880	U.S.
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Michael		Froix	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mountain View	CA	94949	U.S.
City	State	Zip	Country

This collection of information is required by 35 U.S.C. 116 and 37 CFR 1.53. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

MAY 30 2007

REISSUE APPLICATION DECLARATION BY THE INVENTOR	Docket Number (Optional) S63.2-10389-US01
<p>I hereby declare that:</p> <p>Each inventor's residence, mailing address and citizenship are stated below next to their name.</p> <p>I believe the inventors named below to be the original and first inventor(s) of the subject matter which is described and claimed in patent number <u>6,019,789</u>, granted <u>February 1, 2000</u> and for which a reissue patent is sought on the invention entitled <u>Expandable Unit Cell and Intraluminal Stent</u></p> <p>the specification of which</p> <p><input type="checkbox"/> is attached hereto.</p> <p><input checked="" type="checkbox"/> was filed on <u>February 1, 2002</u> as reissue application number <u>10/061,458</u>, and was amended on February 1, 2002, April 22, 2005 and November 21, 2005.</p> <p>I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.</p> <p><input type="checkbox"/> I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/02B (or equivalent) listing the foreign applications.</p> <p>I verily believe the original patent to be at least partly inoperative or invalid for the reasons described below. (Check all boxes that apply.)</p> <p><input checked="" type="checkbox"/> by reason of a defective specification.</p> <p><input checked="" type="checkbox"/> by reason of the patentee claiming less than he had the right to claim in the patent.</p> <p><input type="checkbox"/> by reason of other errors.</p> <p>At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:</p> <p style="margin-left: 40px;">The patent specification, for example at column 2, lines 29-32, and claims, for example at column 10, lines 14-18, include at least one error in describing the expansion characteristics of a unit cell, which are correctly illustrated in Figures 3A & 3B. For example, the specification and claim 1 erroneously recite a looped member extremity moving "axially inwardly," which is believed to render the patent at least partially inoperative or invalid.</p> <p style="margin-left: 40px;">Broadening claims are directed to stent structure, and do not include functional limitations as recited in the patent claims. The broadening claims cover subject matter not covered by the patent claims. For example, the patent claim 1 recites limitations such as a "looped member having an axial extremity which moves axially inwardly," which are not included in the broadening claims.</p> <p style="margin-left: 40px;">All errors which are being corrected in the reissue application up to the time of filing of this declaration arose without any deceptive intention on the part of the applicant.</p>	

[Page 1 of 2]

REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2		Docket Number (Optional) S63.2-10389-US01	
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.			
Note: To appoint a power of attorney, use form PTO/SB/81.			
Correspondence Address: Direct all communications about the application to:			
The address associated with Customer Number:		00490	
OR			
Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Email		
WARNING:			
<p>Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identity theft. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available.</p> <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.</p>			
Full name of sole or first inventor (given name, family name) Linh A. Dinh			
Inventor's signature		Date	
Residence		Citizenship U.S.	
Mailing Address 2233 Augusta Place, Santa Clara, CA 95051			
Full name of second joint inventor (given name, family name) Loc X. Phan			
Inventor's signature		Date	
Residence		Citizenship U.S.	
Mailing Address 1197 Fargate Circle, San Jose, CA 95131			
<input checked="" type="checkbox"/> Additional joint inventors or legal representative(s) are named on separately numbered sheets forms PTO/SB/02A or 02LR attached hereto.			

[Page 2 of 2]

PTO/SB/02A (07-06)

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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet	
		Page _____ of _____	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Robert		Eury	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
10378B Lockwood Drive			
Mailing Address			
Cupertino	CA	95014	U.S.
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Irina		Pomerantseva	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
8 Pheasantwood Terrace			
Mailing Address			
Wakefield	MA	01880	U.S.
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Michael		Froix	
Inventor's Signature		Date	
<i>Michael Froix</i>		3-15-07	
Residence: City	State	Country	Citizenship
3433 Woodstock Lane			
Mailing Address			
Mountain View	CA	94949	U.S.
City	State	Zip	Country

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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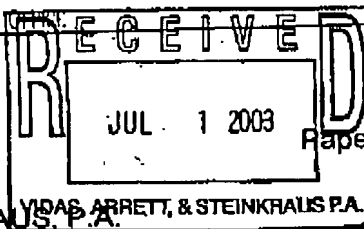
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OFFICE OF PETITIONS

In re Application of
Linh Dinh, Loc Phan, Robert Eury, Irinia
Pomerantseva and Michael Froix
Application No. 10/061,458
Filed: February 1, 2002
Attorney Docket No. S63.2-10389

DECISION REFUSING STATUS
UNDER 37 CFR 1.47(a)

This is in response to the renewed reissue petition filed June 3, 2003 and supplemented June 19, 2003 under 37 CFR. §1.47(a).

The petition is GRANTED.

Petitioner has shown that non-signing inventor Dinh has refused to join in the filing of the above-identified application after having been presented with the reissue application papers. Specifically, the declaration of facts attest a copy of the reissue application was sent to non-signing inventor Dinh's last known address on three separate occasions. The non-signing inventor's failure to respond to the application sufficiently establishes that he refuses to execute the application papers. As to non-signing inventor Eury, applicant has demonstrated despite diligent efforts to locate inventor Eury, inventor Eury cannot be located.

The above-identified application and papers have been reviewed and found in compliance with 37 CFR 1.47(a). This application is hereby accorded Rule 1.47(a) status.

As provided in Rule 1.47(c), this Office will forward notice of this application's filing to the non-signing inventor at the address given in the petition. Notice of the filing of this application will also be published in the Official Gazette.

This application is being forwarded to the Office of Initial Patent Examination for further processing.

Telephone inquiries related to this decision may be directed to the undersigned at (703) 306-0251.

Charlema R. Grant
Petitions Attorney
Office of Petitions

METRO LEGAL SERVICES, INC.

LEGAL SUPPORT SPECIALISTS SINCE 1969

330 2nd Avenue South, Suite 150

Minneapolis, MN 55401-2217

Phone: (612) 332-0202 Fax: (612) 332-5215

April 3, 2007

To: Jeremy Laabs
Vidas, Arrett & Steinkraus, P.A.
From: Jeff Dilger
Re: 563.3-10389

With regards to the skip trace involving Linh A. Dinh, with known previous employment at Quanam Medical Corporation, I have found the following information:

Linh Anh Dinh
2967 Cataldi Drive
San Jose, CA 95132
SSN: 538-96-3765
DOB: 6/8/1969

This is the current address for Linh Dinh. My search shows that she is currently receiving credit based mail at the above address. Additionally, she is the owner of the above property and it is homesteaded. I was also able to cross reference the social security number with credit report employment headers and confirm her one time employment for Quanam Medical Corporation. And I was also able to cross reference Linh Dinh with Loc Phan and found that they once lived together.

If you have any questions regarding any information in the above summary, call me at (612) 349-9547 or e-mail me at jdilger@metrolegal.com.

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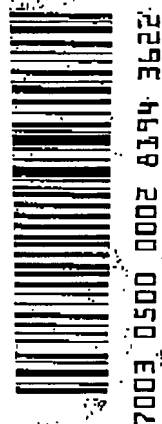
Send To Linh Dinh

**Street, Apt. No.,
or PO Box No.** 2967 Cataldi Drive

City, State, ZIP+4 San Jose, CA 95132

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input type="checkbox"/> Complete in <u>12</u> hours <input type="checkbox"/> Registered Delivery not desired <input type="checkbox"/> Return name and address on the reverse so that we can return it to you <input type="checkbox"/> Attach this card to the back of the mail piece so that the return space remains		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee <input type="checkbox"/> Business <input type="checkbox"/> Other	
To: <u>Mr. J. H. Smith</u> <u>1234 Main St.</u> <u>Springfield, Ill. 62761</u>		To: <u>Mr. J. H. Smith</u> <u>1234 Main St.</u> <u>Springfield, Ill. 62761</u>	
From: <u>Mr. J. H. Smith</u> <u>1234 Main St.</u> <u>Springfield, Ill. 62761</u>		From: <u>Mr. J. H. Smith</u> <u>1234 Main St.</u> <u>Springfield, Ill. 62761</u>	
Zip: <u>62761</u>		Zip: <u>62761</u>	
City: <u>Springfield</u>		City: <u>Springfield</u>	
State: <u>Ill.</u>		State: <u>Ill.</u>	
Country: <u>U.S.A.</u>		Country: <u>U.S.A.</u>	
Registered Mail: <input type="checkbox"/>		Registered Mail: <input type="checkbox"/>	
Insured Mail: <input type="checkbox"/>		Insured Mail: <input type="checkbox"/>	
Signature: <u>J. H. Smith</u>		Signature: <u>J. H. Smith</u>	
Date: <u>Aug 26 1961</u>		Date: <u>Aug 26 1961</u>	
Time: <u>10:30 AM</u>		Time: <u>10:30 AM</u>	
Address: <u>1234 Main St.</u>		Address: <u>1234 Main St.</u>	
City: <u>Springfield</u>		City: <u>Springfield</u>	
State: <u>Ill.</u>		State: <u>Ill.</u>	
Zip: <u>62761</u>		Zip: <u>62761</u>	
Country: <u>U.S.A.</u>		Country: <u>U.S.A.</u>	
Signature: <u>J. H. Smith</u>		Signature: <u>J. H. Smith</u>	
Date: <u>Aug 26 1961</u>		Date: <u>Aug 26 1961</u>	
Time: <u>10:30 AM</u>		Time: <u>10:30 AM</u>	
Address: <u>1234 Main St.</u>		Address: <u>1234 Main St.</u>	
City: <u>Springfield</u>		City: <u>Springfield</u>	
State: <u>Ill.</u>		State: <u>Ill.</u>	
Zip: <u>62761</u>		Zip: <u>62761</u>	
Country: <u>U.S.A.</u>		Country: <u>U.S.A.</u>	
Signature: <u>J. H. Smith</u>		Signature: <u>J. H. Smith</u>	
Date: <u>Aug 26 1961</u>		Date: <u>Aug 26 1961</u>	
Time: <u>10:30 AM</u>		Time: <u>10:30 AM</u>	
Address: <u>1234 Main St.</u>		Address: <u>1234 Main St.</u>	
City: <u>Springfield</u>		City: <u>Springfield</u>	
State: <u>Ill.</u>		State: <u>Ill.</u>	
Zip: <u>62761</u>		Zip: <u>62761</u>	
Country: <u>U.S.A.</u>		Country: <u>U.S.A.</u>	
Signature: <u>J. H. Smith</u>		Signature: <u>J. H. Smith</u>	
Date: <u>Aug 26 1961</u>		Date: <u>Aug 26 1961</u>	
Time: <u>10:30 AM</u>		Time: <u>10:30 AM</u>	
Address: <u>1234 Main St.</u>		Address: <u>1234 Main St.</u>	
City: <u>Springfield</u>		City: <u>Springfield</u>	
State: <u>Ill.</u>		State: <u>Ill.</u>	
Zip: <u>62761</u>		Zip: <u>62761</u>	
Country: <u>U.S.A.</u>		Country: <u>U.S.A.</u>	
Signature: <u>J. H. Smith</u>		Signature: <u>J. H. Smith</u>	
Date: <u>Aug 26 1961</u>		Date: <u>Aug 26 1961</u>	
Time: <u>10:30 AM</u>		Time: <u>10:30 AM</u>	
Address: <u>1234 Main St.</u>		Address: <u>1234 Main St.</u>	
City: <u>Springfield</u>		City: <u>Springfield</u>	
State: <u>Ill.</u>		State: <u>Ill.</u>	
Zip: <u>62761</u>		Zip: <u>62761</u>	
Country: <u>U.S.A.</u>		Country: <u>U.S.A.</u>	
Signature: <u>J. H. Smith</u>		Signature: <u>J. H. Smith</u>	
Date: <u>Aug 26 1961</u>		Date: <u>Aug 26 1961</u>	
Time: <u>10:30 AM</u>		Time: <u>10:30 AM</u>	
Address: <u>1234 Main St.</u>		Address: <u>1234 Main St.</u>	
City: <u>Springfield</u>		City: <u>Springfield</u>	
State: <u>Ill.</u>		State: <u>Ill.</u>	
Zip: <u>62761</u>		Zip: <u>62761</u>	
Country: <u>U.S.A.</u>		Country: <u>U.S.A.</u>	
Signature: <u>J. H. Smith</u>		Signature: <u>J. H. Smith</u>	
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Address: <u>1234 Main St.</u>		Address: <u>1234 Main St.</u>	
City: <u>Springfield</u>		City: <u>Springfield</u>	
State: <u>Ill.</u>		State: <u>Ill.</u>	
Zip: <u>62761</u>		Zip: <u>62761</u>	
Country: <u>U.S.A.</u>		Country: <u>U.S.A.</u>	
Signature: <u>J. H. Smith</u>		Signature: <u>J. H. Smith</u>	
Date: <u>Aug 26 1961</u>		Date: <u>Aug 26 1961</u>	
Time: <u>10:30 AM</u>		Time: <u>10:30 AM</u>	



First Class Mail

VIDAS, ARRETT & STEINKRAUS
A PROFESSIONAL ASSOCIATION
SUITE 2000
6108 BLUE CIRCLE DRIVE
MINNETONKA, MINNESOTA 55343-9185

Loc Phan
1197-Fargate
San Jose, CA 95128

UNCLAIMED

NAME
1st Notice
2nd Notice
Return

HDPE


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 Protect What's Inside™

Made in USA

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<input type="checkbox"/> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print full name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, front or back, as permitted.	
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1. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	2. Date of Delivery
3. Has been delivered by First Class Mail	4. Is delivery address different from Item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. YES, enter delivery address below:	
6. Service Type: <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> COOP	
7. Restricted Delivery (extra fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. Article Number (Transfer from service label) 7003 0500 0002 8194 3622	
PS Form 3811, August 2001 Domestic Return Receipt	

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LEGAL SUPPORT SPECIALISTS SINCE 1969

330 2nd Avenue South, Suite 150

Minneapolis, MN 55401-2217

Phone: (612) 332-0202 Fax: (612) 332-5215

April 3, 2007

To: Jeremy Laabs
Vidas, Arrett & Steinkraus, P.A.
From: Jeff Dilger
Re: 563.3-10389

With regards to the skip trace involving Loc X. Phan, with the last known address of 1197 Fargate Circle, San Jose, CA, I have found the following information:

Loc X. Phan a/k/a Loc X. Pham
3289 Pinkerton Drive
San Jose, CA 95148
Phone: (408) 677-4716
SSN: 586-56-0082
DOB: 3/1/1965

This is the current address for Loc X. Phan. My search shows that he is currently receiving credit based mail. The property is owned by Kathy Pham, who is either a relative or the wife Loc X. Phan. The phone number is listed under the name Loc X. Phan and reverses back to the above address. I was also able to cross reference the social security number with credit report employment headers and confirm his one time employment for Quanam Medical Corporation.

If you have any questions regarding any information in the above summary, call me at (612) 349-9547 or e-mail me at jdilger@metrolegal.com.

PLACE STICKER AT TOP OF ENVELOPE TO TAKE RIGHT CUTTING PATH. FOLD AT DOTTED LINE.

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Return Receipt Fee (Endorsement Required)	\$1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$6.08

Postmark Here

Send To Loc Phan
 Street, Apt. No. or PO Box No. 3289 Pinkerton Drive
 City, State, ZIP+4 San Jose, CA 95148

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Enter your name and address on the reverse of the certificate and return card. <input type="checkbox"/> Attach this card to the back of the envelope or on the flat surface of the mail piece.	<input type="checkbox"/> Signature <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name)
1. Loc Phan 2. 3289 Pinkerton Drive 3. San Jose, CA 95148	<input type="checkbox"/> Restricted Delivery <input type="checkbox"/> Certified Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Restricted Mail <input type="checkbox"/> Restricted Delivery
4. Loc Phan 5. 3289 Pinkerton Drive 6. San Jose, CA 95148	<input type="checkbox"/> Signature <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name)
7. Loc Phan 8. 3289 Pinkerton Drive 9. San Jose, CA 95148	<input type="checkbox"/> Signature <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name)
10. Loc Phan 11. 3289 Pinkerton Drive 12. San Jose, CA 95148	<input type="checkbox"/> Signature <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name)
13. Loc Phan 14. 3289 Pinkerton Drive 15. San Jose, CA 95148	<input type="checkbox"/> Signature <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name)
16. Loc Phan 17. 3289 Pinkerton Drive 18. San Jose, CA 95148	<input type="checkbox"/> Signature <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name)
19. Loc Phan 20. 3289 Pinkerton Drive 21. San Jose, CA 95148	<input type="checkbox"/> Signature <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name)
22. Loc Phan 23. 3289 Pinkerton Drive 24. San Jose, CA 95148	<input type="checkbox"/> Signature <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name)
25. Loc Phan 26. 3289 Pinkerton Drive 27. San Jose, CA 95148	<input type="checkbox"/> Signature <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name)
28. Loc Phan 29. 3289 Pinkerton Drive 30. San Jose, CA 95148	<input type="checkbox"/> Signature <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name)
31. Loc Phan 32. 3289 Pinkerton Drive 33. San Jose, CA 95148	<input type="checkbox"/> Signature <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name)
34. Loc Phan 35. 3289 Pinkerton Drive 36. San Jose, CA 95148	<input type="checkbox"/> Signature <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name)
37. Loc Phan 38. 3289 Pinkerton Drive 39. San Jose, CA 95148	<input type="checkbox"/> Signature <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name)
40. Loc Phan 41. 3289 Pinkerton Drive 42. San Jose, CA 95148	<input type="checkbox"/> Signature <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name)
43. Loc Phan 44. 3289 Pinkerton Drive 45. San Jose, CA 95148	<input type="checkbox"/> Signature <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name)
46. Loc Phan 47. 3289 Pinkerton Drive 48. San Jose, CA 95148	<input type="checkbox"/> Signature <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name)
49. Loc Phan 50. 3289 Pinkerton Drive 51. San Jose, CA 95148	<input type="checkbox"/> Signature <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name)
52. Loc Phan 53. 3289 Pinkerton Drive 54. San Jose, CA 95148	<input type="checkbox"/> Signature <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name)
55. Loc Phan 56. 3289 Pinkerton Drive 57. San Jose, CA 95148	<input type="checkbox"/> Signature <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name)
58. Loc Phan 59. 3289 Pinkerton Drive 60. San Jose, CA 95148	<input type="checkbox"/> Signature <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name)
61. Loc Phan 62. 3289 Pinkerton Drive 63. San Jose, CA 95148	<input type="checkbox"/> Signature <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name)
64. Loc Phan 65. 3289 Pinkerton Drive 66. San Jose, CA 95148	<input type="checkbox"/> Signature <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name)
67. Loc Phan 68. 3289 Pinkerton Drive 69. San Jose, CA 95148	<input type="checkbox"/> Signature <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name)
70. Loc Phan 71. 3289 Pinkerton Drive 72. San Jose, CA 95148	<input type="checkbox"/> Signature <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name)
73. Loc Phan 74. 3289 Pinkerton Drive 75. San Jose, CA 95148	<input type="checkbox"/> Signature <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name)
76. Loc Phan 77. 3289 Pinkerton Drive 78. San Jose, CA 95148	<input type="checkbox"/> Signature <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name)
79. Loc Phan 80. 3289 Pinkerton Drive 81. San Jose, CA 95148	<input type="checkbox"/> Signature <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name)
82. Loc Phan 83. 3289 Pinkerton Drive 84. San Jose, CA 95148	<input type="checkbox"/> Signature <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name)
85. Loc Phan 86. 3289 Pinkerton Drive 87. San Jose, CA 95148	<input type="checkbox"/> Signature <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name)
88. Loc Phan 89. 3289 Pinkerton Drive 90. San Jose, CA 95148	<input type="checkbox"/> Signature <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name)
91. Loc Phan 92. 3289 Pinkerton Drive 93. San Jose, CA 95148	<input type="checkbox"/> Signature <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name)
94. Loc Phan 95. 3289 Pinkerton Drive 96. San Jose, CA 95148	<input type="checkbox"/> Signature <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name)
97. Loc Phan 98. 3289 Pinkerton Drive 99. San Jose, CA 95148	<input type="checkbox"/> Signature <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name)
100. Loc Phan 101. 3289 Pinkerton Drive 102. San Jose, CA 95148	<input type="checkbox"/> Signature <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name) <input type="checkbox"/> Received by (Print Name)

7003 0500 0002 8194 3653

PS Form 3800, June 2002 See Reverse for Instructions

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- Notice Left, May 08, 2007, 2:29 pm, SAN JOSE, CA 95148
- Unclaimed, April 26, 2007, 9:16 am, SAN JOSE, CA
- Notice Left, April 06, 2007, 3:29 pm, SAN JOSE, CA 95148

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MAY 30 2007

REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)
S63.2-10389-US01

I hereby declare that

Each inventor's residence, mailing address and citizenship are stated below next to their name.

I believe the inventors named below to be the original and first inventor(s) of the subject matter which is described and claimed in patent number 6,019,789, granted February 1, 2000 and for which a reissue patent is sought on the invention entitled Expandable Unit Cell and Intraluminal Stent

the specification of which

☐ is attached hereto.☒ was filed on February 1, 2002 as reissue application number 10/061,458, and was amended on February 1, 2002, April 22, 2005 and November 21, 2005.

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

☐ I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/02B (or equivalent) listing the foreign applications.

I verily believe the original patent to be at least partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☒ by reason of a defective specification.

MAR 15 2007

☒ by reason of the patentee claiming less than he had the right to claim in the patent.☐ by reason of other errors.

At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:

The patent specification, for example at column 2, lines 29-32, and claims, for example at column 10, lines 14-18, include at least one error in describing the expansion characteristics of a unit cell, which are correctly illustrated in Figures 3A & 3B. For example, the specification and claim 1 erroneously recite a looped member extremity moving "axially inwardly," which is believed to render the patent at least partially inoperative or invalid.

Broadening claims are directed to stent structure, and do not include functional limitations as recited in the patent claims. The broadening claims cover subject matter not covered by the patent claims. For example, the patent claim 1 recites limitations such as a "looped member having an axial extremity which moves axially inwardly," which are not included in the broadening claims.

All errors which are being corrected in the reissue application up to the time of filing of this declaration arose without any deceptive intention on the part of the applicant.

[Page 1 of 2]

REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2		Docket Number (Optional) S63.2-10389-US01	
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.			
Note: To appoint a power of attorney, use form PTO/SB/81.			
Correspondence Address: Direct all communications about the application to:			
The address associated with Customer Number:		00490	
OR			
Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Email		
WARNING:			
<p>Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identity theft. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available.</p>			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.			
Full name of sole or first inventor (given name, family name) Linh A. Dinh			
Inventor's signature		Date	
Residence		Citizenship U.S.	
Mailing Address 2233 Augusta Place, Santa Clara, CA 95051			
Full name of second joint inventor (given name, family name) Loc X. Phan			
Inventor's signature		Date	
Residence		Citizenship U.S.	
Mailing Address 1197 Fargate Circle, San Jose, CA 95131			
<input checked="" type="checkbox"/> Additional joint inventors or legal representative(s) are named on separately numbered sheets forms PTO/SB/02A or 02LR attached hereto.			

[Page 2 of 2]

PTO/SB/02A (07-06)

Approved for use through 01/31/2007. OMB 0851-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet	
		Page _____ of _____	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Robert		Bury	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
10378B Lockwood Drive			
Mailing Address			
City	State	Zip	Country
Capertino	CA	95014	U.S.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Irina		Pomerantseva	
Inventor's Signature		Date	
Residence: City		State	Country
Wakefield	MA	US	US
8 Pheasantwood Terrace			
Mailing Address			
City	State	Zip	Country
Wakefield	MA	01880	U.S.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Michael		Proix	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
3433 Woodstock Lane			
Mailing Address			
City	State	Zip	Country
Mountain View	CA	94949	U.S.

This collection of information is required by 36 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount or time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

MAY 30 2007

REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)
S63.2-10389-US01

I hereby declare that:

Each inventor's residence, mailing address and citizenship are stated below next to their name.
I believe the inventors named below to be the original and first inventor(s) of the subject matter which is described and claimed in patent number 6,019,789, granted February 1, 2000 and for which a reissue patent is sought on the invention entitled Expandable Unit Cell and Intraluminal Stent

the specification of which

☐ is attached hereto.

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☐ I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/02B (or equivalent) listing the foreign applications.

I verily believe the original patent to be at least partly inoperative or invalid for the reasons described below. (Check all boxes that apply.)

☒ by reason of a defective specification.

☒ by reason of the patentee claiming less than he had the right to claim in the patent.

☐ by reason of other errors.

At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:

The patent specification, for example at column 2, lines 29-32, and claims, for example at column 10, lines 14-18, include at least one error in describing the expansion characteristics of a unit cell, which are correctly illustrated in Figures 3A & 3B. For example, the specification and claim 1 erroneously recite a looped member extremity moving "axially inwardly," which is believed to render the patent at least partially inoperative or invalid.

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All errors which are being corrected in the reissue application up to the time of filing of this declaration arose without any deceptive intention on the part of the applicant.

REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2		Docket Number (Optional) S63.2-10389-US01	
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.			
Note: To appoint a power of attorney, use form PTO/SB/81.			
Correspondence Address: Direct all communications about the application to:			
The address associated with Customer Number:		00490	
OR			
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Country			
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Full name of sole or first inventor (given name, family name) Linh A. Dinh			
Inventor's signature		Date	
Residence		Citizenship U.S.	
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Full name of second joint inventor (given name, family name) Loc X. Phan			
Inventor's signature		Date	
Residence		Citizenship U.S.	
Mailing Address 1197 Fargate Circle, San Jose, CA 95131			
<input checked="" type="checkbox"/> Additional joint inventors or legal representative(s) are named on separately numbered sheets forms PTO/SB/02A or 02LR attached hereto.			

[Page 2 of 2]

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		Page _____ of _____	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Robert		Eury	
Inventor's Signature		Date	
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City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Irina		Pomerantseva	
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Michael		Froix	
Inventor's Signature		Date	
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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Linh A. Dinh, Loc X. Phan, Robert Eury, Irina Pomerantseva
and Michael Froix
Application No.: 10/061458
Filed: February 1, 2002
For: EXPANDABLE UNIT CELL AND INTRALUMINAL
STENT (Reissue of U.S. 6,019,789)
Group Art Unit: 3738

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P.O. Box 1450
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Docket No.: S63.2L-10389-US01

ASSIGNEE'S STATEMENT OF OWNERSHIP 37 CFR 3.73(B)

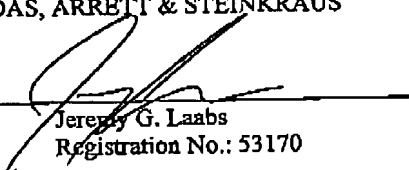
Boston Scientific Scimed, Inc., a corporation, is the assignee of the entire right, title and interest in the patent application identified above by virtue of a chain of title from the inventors of the patent application identified above, to the current assignee as shown below:

1. From Linh A. Dinh, Robert Eury, Irina Pomerantseva and Michael Froix to Quanam Medical Corporation. The document was recorded in the Patent and Trademark Office at Reel 009593, Frame 0694.
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The undersigned is empowered to sign this statement of ownership certificate on behalf of the assignee.

Respectfully submitted,
VIDAS, ARRETT & STEINKRAUS

Date: May 30, 2007

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